



**Certified Bariatric Nurse (CBN®)
Examination
CANDIDATE HANDBOOK
2009**

Examination Administration

**January 17 – February 1, 2009
July 11 – July 26, 2009**

Online Application Opens

**Wednesday, October 15, 2008
Wednesday, April 15, 2009**

Online Application Deadline

**Monday, December 15, 2008
Friday, June 26, 2009**

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All correspondence and requests for information concerning examination application processing and the administration of the certification examinations should be directed to:

Professional Examination Service (PES)
ASMBS Management Office
475 Riverside Drive, Suite #600
New York, NY 10115
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f. 212.367.4343
ASMBS@proexam.org

ASMBS DOES NOT DISCRIMINATE AGAINST ANY INDIVIDUAL BECAUSE OF RACE, ETHNICITY, GENDER, AGE, CREED, DISABILITY, OR NATIONAL ORIGIN.

PLEASE RETAIN THIS HANDBOOK UNTIL YOU HAVE RECEIVED YOUR EXAMINATION SCORE REPORT.

CERTIFIED BARIATRIC NURSE (CBN®) IS A REGISTERED CERTIFICATION MARK OF THE AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY (ASMBS).

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INTRODUCTION

The Certified Bariatric Nurse (CBN®) Examination is designed to assess the professional competence of practitioners of Bariatric Nursing. Achievement of a passing score on the examination is required for an individual to earn the Certified Bariatric Nurse (CBN®) credential. This requires each candidate to demonstrate competence in all technical aspects of Bariatric Nursing commensurate with the standards established by the American Society for Metabolic and Bariatric Surgery (ASMBS) for effective and safe patient care. All candidates and CBN® certificants are expected to observe the ASBS Standards of Conduct.

In 2006, ASMBS completed a nationwide role delineation survey to determine the role of Bariatric Nurses in terms of the tasks required for competent job performance. The results of this study provided current information to delineate the appropriate content, scope and complexity for the CBN®. Using systematic test development procedures, the CBN® Examination Development Committee has developed the CBN® examination to meet the specifications for testing as derived from the job analysis study.

The ASMBS has developed this Candidate Handbook to describe all aspects of the credentialing process and assist you in preparing for the examination. This handbook contains an overview of the examination, the admission policies, rules for the examination, and other pertinent facts you should know about the administrative policies governing the examination. It also describes the content and procedures for all parts of the examination. Sample questions are provided to help you become more familiar with the types of questions appearing on the comprehensive multiple-choice examination.

Beginning with the June 2007 administration of the Certified Bariatric Nurse Examination, the CBN® credential will be issued for a limited term of four years. Certificants will be responsible for maintaining and updating their skills and knowledge through continuing education. In order for certificants with these time-limited credentials to maintain their certification, certificants may need to pass a version of the updated CBN® exam based on a new role delineation survey to renew their CBN® credential or participate in Continuing Education courses. Refer to the section on recertification for specific policies.

The ASMBS has selected a national testing agency, Professional Examination Service (PES), to assist with examination preparation and administration. Questions you have about the application process and administration of the CBN® Examination should be directed to: Professional Examination Service, ASMBS Management Office, 475 Riverside Drive, Suite #600, New York, NY 10115, p. 800.449.0633, f. 212.367.4343, ASMBS@proexam.org.

The American Society for Metabolic and Bariatric Surgery (ASMBS) administers a comprehensive examination, consistent with accepted credentialing standards, that measures acceptable competency levels for Bariatric Nurses.

MISSION STATEMENT
RN Certification Committee
Allied Health Council
American Society for Metabolic and Bariatric Surgery

This certification examination program is based on a distinct and well-defined field of nursing practice subscribing to the overall purpose and functions of nursing. Bariatric nursing is a specialty distinct from other nursing specialties and is national in scope. There is an identified need for the specialty and nurses who devote most of their practice to the specialty.^{1,2}

VISION STATEMENT

Our vision is to provide the premier credential to professional nurses caring for the morbidly obese and bariatric surgical patient.

MISSION STATEMENT

The RN Certification Committee and the Certification Advisory Committee of the American Society for Metabolic and Bariatric Surgery are dedicated to enhancing and promoting the specialty of bariatric nursing care.

OBJECTIVES

1. Develop and maintain an RN professional practice certification for the specialty of Bariatric nursing care.
2. Administer a fair, valid, and reliable examination process.
3. Administer an examination that certifies professional knowledge and skill in bariatric standards of care and expected outcomes.
4. Communicate the value of this credential to the public and other key constituencies.

CORE VALUES

In pursuit of our Vision and Mission statements and collaboration with the ASMBS, we commit to the following values:

- Patient safety
- Evidence-based practice
- Optimal patient outcomes
- Professional collaboration
- Quality of care
- Competency

- Stewardship
- 1. American Board of Nursing Specialties. Standards, rationale, criteria, required documentation. 2002 Standards
- 2. Report of Practice Analysis of Bariatric Nursing (2007)

ADMINISTRATIVE POLICIES AND RULES FOR EXAMINATION

EXAMINATION OVERVIEW

The CBN[®] Examination is developed and administered in accordance with the 1999 “Standards for Educational and Psychological Testing” (American Education Research Association, American Psychological Association, and National Council on Measurement in Education). The exam consists of 165* multiple-choice items. The test presents each question with four response alternatives (A, B, C, and D). One of these represents the single best response, and credit is granted only for selection of this response. Candidates are allowed three hours (180 minutes) to complete this test.

A more detailed description of the examination is provided in the Examination Content section (pg. 15) of this handbook.

Eligibility Requirements

In order for candidates to sit for the CBN[®] Examination, they must satisfy the following eligibility criteria including compliance with the ASMBS Standards of Conduct:

- Be currently licensed as Professional Nurse (RN or equivalent for international nurses) in one of the 50 United States, the District of Columbia or Puerto Rico. A valid license number **MUST** be entered when applying online.
 - International nurses will be eligible to sit for the CBN[®] examination beginning in July of 2008. Acceptable international nurses’ licensure will be determined on an individual basis by the ASMBS.
 - It is important for international nurses to understand that the examination is based on a practice analysis of nursing care of the morbidly obese and bariatric surgical patients in the United States of America. In addition, the examination will only be offered in the English language.
- Complete a minimum of 24 months (within the preceding 4 years) of nursing care of Morbidly Obese and Bariatric Surgery patients, predominately in the Bariatric surgery process. (i.e.: pre-operative, peri-operative or post operative/follow up care)

Eligibility for the CBN[®] Examination requires adherence to the ASMBS Standards of Conduct. Candidates are required to confirm acceptance of a statement on the application

* The examination will consist of 150 scored items and 15 unscored (pretest) items. Candidates will not know which items are pretest items. Pretesting items aids in the maintenance of a valid and reliable examination.

form that they understand violations of the ASMBS Standards of Conduct may result in loss of eligibility for the CBN® certification.

STANDARDS OF CONDUCT PREAMBLE

The American Society for Metabolic and Bariatric Surgery (ASMBS) is a nonprofit corporation that provides certification for Certified Bariatric Nurses (CBN®). The ASMBS RN Certification Committee in conjunction with the Certification Advisory Group has coordinated the development and administration of this certification. These groups, and the multiple additional developmental task forces, include a diverse group of experts in Bariatric Nursing, are national in scope, and are represented by Professional Nurses of different geographical regions, multiple bariatric nursing experiential levels and roles, with a familiarity of the full range of bariatric surgical procedures, academic and community environments, and the full range of working program sizes, for the purpose of establishing rigorous standards which have a basis in real world practice.

The ASMBS seeks to encourage, establish and maintain the highest standards, traditions and principles of Bariatric Nursing. Individuals who hold the CBN® credential should recognize their responsibilities, not only to their patients, but also to society, to other health care professionals and to themselves. All candidates for CBN® certification, and all CBN® certificants, shall abide by ASMBS' Standards of Conduct and all other ASMBS rules, policies and procedures. Individuals who fail to meet these requirements may have their credential suspended or revoked or be declared ineligible for certification.

STANDARDS OF CONDUCT

Certified Bariatric Nurses, as health care professionals, must strive as individuals and as a group to maintain the highest of professional and ethical standards. The following statements are standards to guide those individuals holding the CBN® credential in their professional activities.

Certified Bariatric Nurses shall:

- Do everything within their scope of authority to ensure that currently accepted professional standards are complied with, in the department in which they work.
- Keep the health and safety of the patient in mind at all times and act in the best interest of the patient.
- Provide care without discrimination on any basis, respecting the rights and dignity of all individuals.
- Respect and protect the legal and personal rights of the patients that they treat.

- Comply with governmental rules and regulations that relate to and govern their scope and standards of practice.
- Divulge no confidential information regarding any patient or family unless disclosure is required for responsible performance of duty, or required by law.
- Refuse to participate in unethical or illegal acts; and refuse to conceal illegal, unethical or incompetent acts of others.
- Avoid any form of conduct that creates an impermissible conflict of interest, following the principles of ethical business behavior.
- Actively maintain and continually improve their professional competence, and represent it accurately.
- Demonstrate behavior that reflects integrity, supports objectivity, and maintains a positive public image of the profession and its professionals.
- Maintain CBN® registration as defined by the ASMBS.

All Candidates will be governed by the policies current at the time of application for the exam. Eligibility for the CBN® Examination may be suspended or revoked for any of the following:

1. Obtaining or attempting to obtain credentialing by fraud, deception, or artifice.
2. Knowingly assisting another person or other persons in obtaining or attempting to obtain credentialing by fraud, deception, or artifice.
3. Illegal use of a CBN® certificate or falsification of credentials.
4. Unauthorized possession and/or distribution of any official testing or examination materials.
5. Violation of the ASMBS Standards of Conduct.

Application Procedures

To apply for the CBN® Examination, you must complete a secure online examination application. Please log onto <http://www.asmb.org>. You will be asked to create a login ID and a password. Please retain this information for future reference. Once you have entered the secure online application site, you will be asked a series of questions, including your contact information, your RN license number and several questions regarding demographics (e.g. years of education, years of experience, nursing titles and positions). Applications must be completed by the application deadline to be accepted.

Incomplete applications will not be processed. Candidates will not be considered for admission to the examination until their examination application is complete.

Examination and Application Deadline Dates (11:59 PM on each registration date)

EXAMINATION DATE	REGISTRATION OPENS	EARLY REGISTRATION DEADLINE	REGISTRATION DEADLINE
January 17 – February 1, 2009	October 15, 2008	November 17, 2008	December 15, 2008
July 11- July 26, 2009	April 15, 2009	May 15, 2009	June 26, 2009

Examination Fees

The examination fee must be paid online by credit card (Visa or MasterCard). *Any other form of payment will not be accepted; and your application will remain unprocessed.*

	ASMBS Member	ASMBS Non-Member
Early Registration	\$250.00	\$350.00
Regular Registration	\$300.00	\$400.00

Withdrawal from an Examination and Refund of Fees

Candidates who submit a written request asking to be withdrawn from an examination postmarked **no later than 30 business days prior to the scheduled examination** are eligible to receive reimbursement of application fees, less a \$50.00 processing fee.

Candidates who submit a written request asking to be withdrawn from an examination postmarked **no later than 20 business days prior to the scheduled examination** are eligible to receive reimbursement of one-half of their application fee, less a \$50.00 processing fee.

Candidates who do not withdraw at least 20 days in advance of the examination, or who fail to appear for the examination, will forfeit the full amount of the fee. However, the ASMBS may consider unusual circumstances if they can be documented and supportive evidence is provided **within 20 business days after the examination date** (see Candidate Grievances on pg. 12). Unusual circumstances may include: Death in the family with proper documentation, accident or illness with physician’s letter. (ASMBS to determine what constitutes an emergency).

Test Centers

Thomson Prometric currently has numerous test centers throughout the United States, U.S. territories and abroad. Before scheduling an exam, be sure to visit the Thomson Prometric Web site at www.prometric.com and determine the latest test center information (including hours of operation). Most Thomson Prometric test centers are open Monday through Saturday. Thomson Prometric reserves the right to change test center locations as necessary

Special Examination Accommodations

The ASMBS complies with the Americans with Disabilities Act and is committed to ensuring that no individual is deprived of the opportunity to take the examination solely by reason of a disability. The forms for requesting special accommodations and providing appropriate documentation of disability-related needs are on Pages 27 and 28. **Applicants requiring special accommodations must complete the forms and submit them to PES.** Professional Examination Service, ASMBS Management Office, 475 Riverside Drive, Suite #600, New York, NY 10115, p. 800.449.0633, f. 212.367.4343, ASMBS@proexam.org.

Requests for special testing accommodations that are not accompanied by the required documentation will be considered incomplete and will not be reviewed by ASMBS.

Acceptance for Examination

If your application is complete and you are eligible to sit for the examination, an admission letter showing the exact reporting location of the test center you have selected will be mailed to you **approximately four weeks before the test**. *If you do not receive an admission letter by the Monday preceding the examination, please call PES at 800.449.0633*

Candidates should report to the test center as instructed on their admission letter on the examination day. Seating of candidates and testing instructions will occur prior to the start of the examination; therefore, the total amount of time required for the examination process exceeds three hours.

IMPORTANT: The mailing address you provide on your application will be used to mail your admission letter and test results. If you move before the examination, leave a forwarding address with your post office so your mail will be forwarded to your new address, and contact PES at 800.449.0633. There will be an additional cost of \$75.00 if you request a reprint of your score report.

On the Day of the Examination

1. Take your admission letter to the test center. You will be required to show your admission letter to the supervisor in order to gain admittance to the test center.
2. You must present ONE legal document bearing your picture and signature, such as a current driver's license, a government identification card, or a notarized photograph bearing your signature, to gain admission to the test center. The legal document must contain both your name and a photograph on the same document. Two documents will not be accepted. **YOU MUST HAVE PROPER IDENTIFICATION TO GAIN ADMISSION TO THE TEST CENTER.**

PLEASE NOTE: Employment and student I.D. cards are not acceptable.

3. Report to the test center no later than the time indicated on your admission letter. Anyone who arrives after testing begins **WILL NOT BE ADMITTED.**
4. You may wish to bring your watch to the examination to help pace yourself on the test. The test center supervisor will keep the official time and ensure that you are given the proper amount of time for the test.

5. No books, calculators, papers, dictionaries, or other reference materials may be taken into the examination room.
6. No electronic devices are permitted in the examination room or center, including cell phones, PDAs, pagers, Blackberries, etc..
7. Dress comfortably and in layers, and avoid using strong perfumes or colognes because it may be distracting to the other candidates.
8. No test materials, documents, or memoranda of any kind are to be taken from the examination room.
9. Questions concerning the content of the examination will not be answered during the test. Listen carefully to the instructions given by the Chief Examiner and read all directions thoroughly.
10. The Chief Examiner may dismiss a candidate from the examination room if:
 - a candidate's admission to the test is unauthorized.
 - a candidate creates a disturbance, or gives or receives help.
 - a candidate attempts to remove test materials or notes from the testing room.
 - a candidate attempts to take the test for someone else.

Hazardous Weather

In the event of inclement weather or a national or local emergency, please contact Thomson Prometric at the national contact center (number provided in your ATT letter) to determine the appointment status or go to www.prometric.com/sitestatus. If the center is closed and appointments are canceled, candidates should wait two business days before calling to reschedule their appointments to allow for eligibility resetting.

Test Security

All examination materials are the property of ASMBS. Removal of material from the examination room by unauthorized persons is prohibited, and each candidate must return all test materials to the test supervisor at the conclusion of the examination. Copyrights for the CBN[®] Examination are owned by ASMBS. Any attempt to reproduce all or parts of the examination is prohibited by law unless written permission is obtained from the ASMBS. To protect the security of the examinations and maintain the validity of test scores, candidates will be required to sign the following Notice and Agreement before they are allowed to begin the examination.

NOTICE AND AGREEMENT: You may not have any person, whether paid or unpaid, take the examination on your behalf. In addition, you may not share any portion of this examination by any means, including memorization, with anyone. If you fail to comply with these restrictions, the ASMBS will void your test results, and you may be subject to legal action.

Test Scoring and Score Reporting

Equating and Passing Score

To ensure the integrity and security of the test, every form of the CBN[®] Examination consists of a unique combination of items. Thus, no two versions of the CBN[®] Examination are identical. Although different forms of the examination conform to the same content outline and are built to be similar in terms of the criterion-referenced standard set for passing, they are not precisely equivalent with respect to test difficulty. ASMBS uses equating procedures for determining the passing score for each CBN[®] Examination to ensure that candidates of comparable proficiency will be equally likely to pass the examination regardless of minor fluctuations in overall difficulty level across administrations of the CBN[®] Examination. Equating is a statistical process that adjusts the minimum passing score for each form of the CBN[®] Examination to compensate for any fluctuations in difficulty level across the different examination forms.

Raw and Scaled Scores

The ASMBS provides CBN[®] candidates with information on their performance on the test in terms of scaled scores, not raw scores. The raw score is the number of test questions answered correctly and is not reported because the minimum raw passing score may differ slightly from one administration to another. This is due to variations in difficulty level of the examination forms as explained above. After equating procedures are completed, raw scores are mathematically converted to scaled scores that can range from 200 to 800 and the scaled score of 450 always represents the minimum passing score. Scaled scores are equivalent for all administrations, and candidates must obtain a scaled score of at least 450 to pass the CBN[®] Examination, regardless of when they take the examination. Scaled scores are not "number correct" or "percent correct" scores.

Score Processing

Score processing is more than a simple process of scanning through candidates' answers, calculating a score and printing a score report. There are several system checks and routines in place that must be run in order to produce accurate score reports. When examination information is received by PES from the test sites, candidates' responses are recorded by PES. A preliminary analysis of test item statistics is produced and members of the Examination Development Committee (EDC) review questionable items. This review permits the EDC to make adjustments to scoring if there are any flawed test items. A final scoring key is produced and all answer sheets are scored. Equating procedures are performed and sample score reports are reviewed to make sure that all information reported (e.g., total scores, subscores, and text of the report) is accurate. Score reports are then printed, prepared for distribution, and mailed.

Score Reporting

Test results will be mailed to all examinees **approximately 6 to 8 weeks following the examination**. No results will be provided prior to this mailing.

Neither ASMBS nor PES will release score information to anyone over the telephone or by facsimile. Neither ASMBS nor PES will release individual scores by name without an examinee's written authorization to do so. The name and registration status of individuals who successfully complete the ASMBS examination may be published and released upon request to employers and other interested parties.

Cancellation of Scores

The ASMBS is concerned with reporting only valid scores. On rare occasions, circumstances may make a subset of test scores invalid. The ASMBS reserves the right to cancel or withhold test scores if there is any reason to question their validity. Scores declared invalid and cancelled may be grouped into two categories:

1. Doubts may be raised about the validity of candidates' scores because of suspected misconduct; in such circumstances, candidates are to cooperate in the investigation of their scores. Such candidates will be notified of procedures to ensure fair treatment.
2. Some scores may be rendered invalid because of circumstances beyond candidates' control, such as faulty test materials or mistiming. In this event, re-testing will be arranged.

In addition to the reasons listed above, the ASMBS may cancel or invalidate examination results if, upon investigation, violations of ASMBS policies are found to have been committed.

Re-Examination

Candidates who do not pass an examination, or who fail to appear for a scheduled examination, may be admitted to a future examination. All repeat candidates must complete another application form and pay the appropriate fee by the established application deadline and meet all eligibility requirements in effect at the time of the subsequent application.

Disciplinary Action

The ASMBS has established a judiciary process to identify violations of the Standards of Conduct for Certified Bariatric Nurses and to determine appropriate disciplinary action (please see page 6). CBN® candidates and Certified Bariatric Nurses alleged to have committed a violation of the ASMBS' policies are afforded a fair opportunity to refute the allegation or explain the situation fully prior to the Judiciary Committee taking any action. Information on how to file a complaint and the judiciary process may be viewed at the ASMBS website, <http://www.asmb.org>.

Candidate Grievances

Disagreement with test results or complaints concerning application or testing procedures must be made in writing to Professional Examination Service, ASMBS Management Office, 475 Riverside Drive, Suite #600, New York, NY 10115, p. 800.449.0633, f. 212.367.4343, ASMBS@proexam.org.

Grievances concerning a specific exam administration must be submitted to the ASMBS Management Office within **30 business days** of that exam administration. The ASMBS Management Office will inform the complainant in writing of the Board's decision. This process may take approximately, but is not limited to, three months.

Verification of Credentials

Individuals or institutions may request written verification of an individual's registry status and number from the ASMBS Management Office. Registry verifications must be requested in writing from the Professional Examination Service, ASMBS Management Office, 475 Riverside Drive, Suite #600, New York, NY 10115, p. 800.449.0633, f. 212.367.4343, ASMBS@proexam.org.

Verification of credentials must be provided upon request.

CBN® Certificates

Successful candidates, in addition to their score results, will receive a certificate to document that they have earned the CBN® credential. Certificates will be mailed to successful candidates **within twelve weeks of the examination.**

Candidates must make sure that the name printed on the examination application is correct; the name on the application and admission ticket will be used on the certificate.

Name/Address Changes

Candidates who have a change in their mailing address can update their information online prior to the administration.

Corrections (e.g., name changes, lost certificates, etc.) to certificates after their initial printing or replacements of lost or damaged certificates are available from ASMBS. Please contact ASMBS directly at American Society for Metabolic Bariatric Surgery (ASMBS), 100 SW 75th Street, Suite 201, Gainesville, FL 32607, p. 352.331.4900 or via email at info@asmbs.org. Requests for corrected or replacement certificates must be made in writing and be accompanied by a fee of \$25.00 via money order or certified check. Please note that a notarized copy of official or certified documentation supporting the request (e.g., a notarized copy of a marriage certificate) must be included with the request. Requests received without official documentation will not be processed.

Recertification

Candidates taking and passing the Certified Bariatric Nurse Examination will be issued a time-limited credential that is valid for four years beginning on the date of the examination. Recertification must be completed before the expiration date of the credential or the credential will expire, the registry number of the individual will be retired, and the individual will be removed from the list of Certified Bariatric Nurses. Individuals whose credentials expire will no longer have the right to use the designation 'CBN®.' If the requirements for recertification are completed successfully prior to the expiration date, the credential and existing registry number of the individual will be renewed for another four-year period commencing on the date that requirements for recertification are fulfilled.

The process of recertification may be accomplished in one of two ways:

1. CBN[®] certificants must demonstrate that they have participated in continuing education relevant to the field of bariatric nursing. (Please see the section on continuing education below.)
2. CBN[®] certificants can opt to take the CBN[®] examination within four years of certification.

Certificants are eligible to recertify a maximum of four years following their most recent certification or recertification. Individuals may attempt the recertification examination a maximum of three times before their CBN[®] certification expires. Certificants whose credential expires may be eligible to apply for the examination as a new candidate if they meet all requirements for eligibility at the time of application.

The CBN[®] certificant is responsible for maintaining valid credentials; ASMBS has no obligation to notify certificants of the impending expiration of the certificant's status.

Continuing Education

The ASMBS strongly encourages CBN[®] certificants to maintain and improve their knowledge and skills through continuing education in topics related to Morbid Obesity and Bariatric Surgery including co-morbidities.

Individuals who wish to complete recertification of their CBN[®] credential by this method will be required to complete one of the following options within the 48 months preceding the expiration of their certification: 80 contact hours of continuing education, 40 contact hours of continuing education and 4 presentations, or 40 contact hours of continuing education and 1 published article in a periodical or peer review journal. These activities must be completed prior to application for recertification. Content of continuing education programs should be relevant to one or more of the four content domains of the CBN[®] Examination Content Outline.

Credits granted for continuing education by a certified credentialing agency are accepted. CBN[®] certificants are required to complete an ASMBS Continuing Education Documentation Form when applying for recertification. The ASMBS will randomly select applications for audit of continuing education documentation. Candidates found to have provided fraudulent information are subject to disciplinary action including loss of eligibility for recertification and revocation of their CBN[®] credential.

Recertification Testing

Candidates for recertification of the CBN[®] credential must pass the CBN[®] Examination prior to the expiration date of their current certification. The content of the exam will be based on the most current role delineation survey conducted by the ASMBS.

Frequently Asked Questions:

How do you know the examination really represents actual bariatric nursing practice?

In 2006, ASMBS completed a nationwide *practice analysis*, or role delineation survey, to ascertain the role of Bariatric Nurses in terms of the tasks required for competent job performance.

The participants in the role delineation constituted a nationally representative group of practitioners involved in bariatric nursing. The results of this study provided current information to delineate the appropriate content, scope and complexity for the CBN® .

Using systematic test development procedures, the CBN® Examination Development Committee has developed the CBN® examination to meet the specifications for testing as derived from the job analysis study. Members of the item writing and exam construction committees are practicing bariatric nurses representing both diversity of practice types, areas, surgical procedures and geographic distribution.

How do I know if I am eligible to take the CBN® Certification Exam?

You need to be a currently licensed professional nurse (RN or equivalent for international nurses) with a valid license number or equivalent, and have been a professional nurse for a minimum of two years.

You must have worked with morbidly obese and bariatric surgery patients for a minimum of 24 months in the preceding four years, predominately in the Bariatric surgery process. (i.e.: pre-operative, peri-operative or post operative/follow up care).

Caring for patients hospitalized for non-related conditions or surgeries does not qualify.

International nurses will be eligible to sit for the CBN® examination beginning in July of 2008. Acceptable international nurse licensure will be determined on an individual basis by the ASMBS.

I've heard that the exam is geared toward nurses that work in certain areas of bariatric care. I work in (*insert one*—the OR, a bariatric floor, a bariatric office). Will the exam be too hard for me?

The exam was developed based on a nationwide practice analysis of all aspects of bariatric surgical nursing care (preoperative, operative and post operative). The practice analysis was validated by over 500 nurses who were surveyed which determined that all parts of the practice analysis (or content) outline are valid content for nurses who practice as bariatric nurse coordinators, bariatric nurse program directors and hospital staff nurses on bariatric surgical units. If you work in one specific area, you may need to focus your preparation on the areas in which you have less knowledge. Examples: a bariatric office nurse may want to review peri-operative and in-hospital care; hospital staff nurses may want to review preoperative screening and preparation as well as ongoing and long term follow up principles.

How do I prepare for the Certified Bariatric Nurse exam?

You may prepare in any of the following ways:

First review the Content Outline found in the Candidate Handbook. Determine what are your areas of knowledge improvement. Then, choose one or more of the following methods:

- **Self Study**
The Certified Bariatric Nurse Candidate Handbook provides you with a reference list of journals and books. It is not intended that you should purchase any or all of these journals, but use them as a reference list to study areas that you believe you may need to strengthen or that you are unfamiliar with.
- **Review Course**
ASMBS currently offers a Certified Bariatric Nurse Exam Review course. This is a one day *review* course, and the domain content areas will be presented by faculty that have received their certification as Certified Bariatric Nurses (CBN®) from the ASMBS. The course curriculum presents a general review of surgical bariatric and morbid obesity topics and is organized around the domains, task and knowledge statements of the practice analysis. The courses will be offered in November of 2008 and at the 26th Annual meeting.
In addition, the ASMBS offers a Certified Bariatric Nurse Exam Review course online over the internet. See the ASMBS website for further details, www.asmbs.org.

All candidates are advised to review the full range of bariatric procedures, especially those that are not performed in their practice area.

Is there any collaboration between the test item writers (those people who develop the test questions) and the Certified Bariatric Nurse Exam Review course committee members?

No. In order to maintain test integrity item writers and those who prepared the examination are prohibited from discussion of and/or participation in any aspect of the Certified Bariatric Nurse Exam Review course or product development.

Is the CBN® certification program accredited?

We are currently working with the National Commission for Certifying Agencies (NCCA) and the American Board of Nurse Specialties (ABNS) to become accredited by both agencies. For a certification examination to be accredited by the above organizations, it must be developed and administered according to established testing guidelines and meet the statistical analysis standards set forth. We have

completed the practice analysis, developed the examination and we are administering the examination according to these standards. Currently, we are working with our consultant (Professional Examination Service) to achieve accreditation as quickly as possible.

EXAMINATION PREPARATION INFORMATION

Preparation for the Examination

The following are guidelines to help familiarize you with the directions for taking the examination.

1. Plan to arrive at the site of the examination the night before the test, unless you live in the locale of the test center (i.e., no more than a one-hour drive), and get a good night's rest.
2. Read and follow all instructions carefully.
3. The examination will be timed. Bring a watch (NO watches with alarms, please) to the test center and set it to correspond to the official time used by the supervisor. Placing your watch in full view can help your concentration because a quick time check is readily accomplished.
4. For best results, pace yourself by periodically checking your progress. This will allow you to make necessary adjustments. Remember, the more questions you answer, the better your chance of achieving a passing score.
5. Be sure to record an answer for each question, even if you are not sure that the choice is correct. All questions are of equal weight. Avoid leaving any questions unanswered; marking an answer to all questions will maximize your chances of passing. There is no penalty for guessing and each item counts for one point.

ASMBS will be offering a review courses for the CBN[®] Examination in November of 2008 and at the 26th Annual Meeting of the ASMBS.

In addition, there is an online version of the CBN[®] Examination Review Course.

Please contact ASMBS p. 352.331.4900 or log on to <http://www.asmb.org> for additional information regarding this review courses.

Examination Content

To prepare in an informed and organized manner, you should know what to expect from the actual examination in terms of the content areas and performance levels tested. As described in the INTRODUCTION to this handbook, a role delineation survey was conducted to determine appropriate content for the CBN[®] Examination in accordance with the 1999 “Standards for Educational and Psychological Testing”.

The participants in the role delineation constituted a nationally representative group of practitioners involved in bariatric nursing. The job responsibility domains and task descriptions defined in the role delineation survey were rated by participants for criticality and frequency. Knowledge, skills and abilities that are fundamental to the performance of each task are represented by the knowledge/skills/abilities (KSA) Statements listed in the Content Outline.

The results of the role delineation survey were used to construct the Content Outline that defines the content of the CBN[®] Examination. Four domains are identified in the Content Outline. Domains are principal areas of responsibility for activity comprising the job or occupation under consideration. These are the major headings in the Content Outline and may include a brief behavioral description of the domain. Each domain has one or more task statements associated with it. Task statements define a specific, goal-directed set of activities having a common objective. There are also several Knowledge Statements that define the basic knowledge and skill base required for and individual to perform the duties of a Bariatric

Nurse. Knowledge Statements define organized bodies of information, usually of a factual or procedural nature, which if applied, make performance of the task possible. The Content Outline that follows defines domains from which exam questions may be drawn.

Content Outline

DOMAIN 01: CLINICAL MANAGEMENT – (64%) Provide and document direct and indirect clinical care and education to morbidly obese and bariatric surgery patients/family/support persons.

Clinical Management - Pre-operative (Pre-hospital) Tasks

01. Provide and educate candidate/family/support persons with information and resources to assist them in making an informed decision regarding bariatric surgery (for example, pre-operative process, surgical options, risks & benefits, lifestyle changes).
02. Assess and document candidate's understanding of bariatric surgery options.
03. Obtain and review medical, surgical, psychosocial, and cultural history to minimize risks and identify unique needs of the morbidly obese as a bariatric surgery candidate.
04. Coordinate referrals and communicate with the inpatient and outpatient multidisciplinary team to increase opportunity for optimal outcomes.
05. Educate patient/family/support persons regarding preventative measures, signs and symptoms of short- and long-term complications, and appropriate reporting of signs/symptoms of complications.
06. Educate patient/family/support persons about phases of bariatric surgery, including patient responsibilities (for example, pre-operative evaluation, the hospital stay, physical activity, nutrition and supplementation, follow-up, support groups).
07. Evaluate and address patient/family/support persons' knowledge deficits specific to bariatric surgery.

Clinical Management – Perioperative Tasks (Hospitalization)

08. Assess and individualize patient care based on the unique needs of morbidly obese and bariatric surgery patients.
09. Obtain specialized equipment with appropriate tolerances for morbidly obese and bariatric surgery patients.
10. Implement patient care protocols (for example, airway, transfer, position, medication, pain management) that address the special needs of morbidly obese and bariatric surgery patients.
11. Monitor for complications and take preventive and remedial actions.
12. Assess, modify, and review pre-operative education appropriate to needs of patient/family/support persons.
13. Create and implement discharge plan appropriate to specific needs of bariatric patient/family/support persons, including providing written materials for reinforcement and review.

Clinical Management - Follow up Tasks (Post- hospital)

14. Assess, clarify, modify, and reinforce bariatric education and provide additional intervention (for example, education, referral), as needed.
15. Review and evaluate patient understanding of and compliance with medical regimen (for example, medications, physical activity, nutrition and supplementation, self-care), and intervene as needed.
16. Assess psychosocial adjustment/accommodation to physical changes and intervene, as appropriate.
17. Identify short- and long-term complications unique to bariatric surgery patients (for example, obstructions, strictures, leaks, gastric prolapse) and take appropriate action.
18. Encourage healthy behaviors (for example, nutrition and supplementation, physical activity) to enhance long-term weight loss success.
19. Encourage participation in support group(s) to promote successful long-term weight loss.
20. Instruct and encourage the patient to follow-up with appropriate health care providers.
21. Identify, evaluate, and report secondary effects of surgery (for example, dumping, redundant skin, and psychosocial issues), document, and take appropriate actions.
22. Identify and intervene with non-compliant patients (for example, maladaptive eating, failure to follow-up with care provider)
23. Evaluate and report resolution or improvement of comorbid conditions.
24. Perform quality of life measurements to assess improvements in social and cognitive levels and general well-being relative to pre-operative levels.

DOMAIN 02: MULTIDISCIPLINARY TEAM COLLABORATION - (16%)

Communicate and educate to (a) facilitate continuity of care among multidisciplinary teams for optimal patient outcomes, and (b) improve the quality of care for morbidly obese and bariatric surgery patients.

Tasks

01. Assess the multidisciplinary team's knowledge level related to the special considerations of morbidly obese and bariatric surgery patients.
02. Create and implement formal and informal multidisciplinary education supported by evidence-based practice related to the care of morbidly obese and bariatric surgery patients for optimal patient outcomes.
03. Evaluate and document formal and informal multidisciplinary education related to the care of morbidly obese and bariatric surgery patients for optimal patient outcomes.
04. Coordinate and communicate the unique needs of bariatric surgery patients to various multidisciplinary healthcare care providers outside of the multidisciplinary team (for example, chiropractors, non-local healthcare providers, dentists, obstetricians).
05. Collaborate with multidisciplinary team to maintain teaching that is appropriate to the psychosocial, cultural, economic, and educational level of morbidly obese and bariatric surgery patients.
06. Initiate and facilitate collaborative relationships within the multidisciplinary team to foster sensitivity to morbidly obese and bariatric surgery patients.
07. Coordinate delivery of the multidisciplinary education related to the care of morbidly

- obese and bariatric surgery patients to improve patient outcomes/quality of care.
08. Create, implement, and evaluate perioperative protocols (for example, airway, transfer, position, medications, pain management) to address the special needs of morbidly obese and bariatric surgery patients.

DOMAIN 03: OUTREACH – (6%) Provide advocacy, support, and education to individuals, support groups, community groups, and healthcare professionals related to morbidly obese and bariatric surgery patients.

Tasks

01. Contribute to and advance the knowledge base of individuals, support groups, community groups, and health care professionals through interactions, presentations, publications, research, and/or involvement with professional organizations related to the morbidly obese.
02. Facilitate and foster advocacy in the general and professional population related to the morbidly obese through role modeling, teaching, and/or mentoring.
03. Promote the development of, encourage participation in, and/or facilitate support groups and programs for bariatric surgery patients, families, and support persons for optimal patient outcomes.
04. Provide general education using varied media (for example, web sites, newsletters, seminars) on the subject of bariatric surgery to the community at large.

DOMAIN 04: PROGRAM ADMINISTRATION – (14%) Provide leadership and a framework to (a) coordinate services for optimal outcomes, and (b) improve the quality of care for morbidly obese and bariatric surgery patients.

Tasks

01. Establish patient safety standards and staff safety protocols, including furniture, patient transport/transfer systems, medical and surgical equipment.
02. Apply bariatric ergonomic principles, implement patient safety standards, and staff safety protocols to decrease risk of patient and staff injury.
03. Evaluate innovations in technology and advances in care supported by benchmark studies, literature reviews, evidence-based practice, and/or research, and facilitate incorporation into practice.
04. Gather and evaluate internal and external outcomes data for benchmarking/evaluation of bariatric surgery outcomes.
05. Update patient care practices (for example, policies, protocols, clinical pathways, order sets) related to the care of morbidly obese and bariatric surgery patients based on clinical outcomes.
06. Review and incorporate current guidelines and recommendations of agencies such as the National Institute of Health (NIH), American Society for Bariatric Surgery (ASBS), and Surgical Review Corporation (SRC).
07. Review and evaluate the policies of insurance providers regarding their implications on the care of morbidly obese and bariatric surgery patients and implement the

- corresponding education and policy.
08. Perform quality assurance activities to identify process improvement opportunities for the care of morbidly obese and bariatric surgery patients.
 09. Identify specific competencies necessary for delivery of care to morbidly obese and bariatric surgery patients.

KNOWLEDGE STATEMENTS

01. Incidence and prevalence of morbid obesity
02. Sensitivity issues in the morbidly obese person
03. Etiology of the disease of obesity
04. Comorbid medical conditions associated with morbid obesity
05. Fundamental principles of weight loss and weight gain
06. Medical management of weight loss modalities
07. History of bariatric surgical procedures
08. Bariatric surgical procedure revisions and associated risks
09. Criteria for candidacy as a bariatric surgery patient
10. Contraindications for candidacy as a bariatric surgery patient
11. Special considerations for the treatment of adolescent and geriatric morbidly obese and bariatric surgery patients
12. Abnormal eating behaviors and disorders in morbidly obese and bariatric surgical patients
13. Psychological disorders in relation to morbidly obese and bariatric surgery patients (for example, depression, addiction, schizophrenia, OCD)
14. Special considerations for the treatment of high risk conditions (multiple severe comorbidities, multiple previous abdominal surgeries, psychological impairment, prior bariatric surgery, severe morbid obesity)
15. Normal anatomy and physiology of the gastrointestinal system
16. Anatomical and physiological changes associated with specific bariatric surgical procedures
17. Risks and benefits of specific bariatric surgical procedures
18. Preoperative process for bariatric surgery patients
19. Intraoperative process for bariatric surgery patients
20. Comorbidity improvement and/or resolution related to specific bariatric surgical procedures
21. Early and late complications of specific bariatric surgical procedures
22. Clinical presentation of complications in the bariatric surgery patient
23. Prevention and treatment of complications of specific surgical procedures
24. Secondary effects of specific bariatric surgical procedures
25. Pulmonary implications of bariatric surgery in morbidly obese and bariatric surgery patients
26. Cardiovascular implications of bariatric surgery in morbidly obese and bariatric surgery patients
27. Thromboembolic implications of bariatric surgery in morbidly obese and bariatric

- surgery patients
28. Potential risks and complications of nasogastric tube insertion in bariatric surgery patients
 29. Skin integrity, skin care, and hygiene of morbidly obese and bariatric surgery patients
 30. Fluid and electrolyte management of bariatric surgery patients
 31. Implications of morbid obesity and specific bariatric surgical procedures on drug therapies
 32. Laboratory and diagnostic testing related to morbidly obese and bariatric surgery patients
 33. Implications of laboratory and diagnostic test results for bariatric surgery patients
 34. Specialized equipment needs for morbidly obese and bariatric surgery patients
 35. Nutrition and supplementation requirements for specific bariatric surgical procedures
 36. Identification, treatment, and prevention of nutritional deficiencies
 37. Eating behaviors and recommendations specific to bariatric surgical procedures
 38. Phases of the dietary progression following specific bariatric surgical procedures
 39. Bariatric ergonomics
 40. Role of physical activity for morbidly obese and bariatric surgery patients
 41. Benefits of healthy lifestyle changes
 42. Psychosocial implications of morbid obesity, bariatric surgery, and bariatric surgical weight management
 43. Implications of pregnancy in post-operative bariatric surgical patients
 44. Implications of alcohol consumption by patients with specific bariatric surgical procedures
 45. Modalities to improve patient compliance with the post-operative regimen
 46. Discharge planning process for post-operative bariatric surgical patients
 47. Role of support groups for bariatric surgical patients/family/support persons
 48. Implications of insurance coverage for bariatric surgical patients
 49. Risk management related to morbidly obese and bariatric surgery patients
 50. Quality improvement principles
 51. Professional organization and government agency guidelines and recommendations for the care of morbidly obese and bariatric surgical patients
 52. Research principles
 53. Informational resources related to morbid obesity and bariatric surgery
 54. Professional associations related to morbid obesity and bariatric surgery

Test Specifications

The criticality and frequency data from the Role Delineation Survey were used to determine the number of questions that should be included in the CBN[®] Examination from each Domain. The Test Specification in the table below lists how many questions are included

from each Domain.

DOMAIN	PERCENTAGE	# OF ITEMS
01 Clinical Management	64%	96
02 Team Collaboration	16%	24
03 Outreach	6%	9
04 Program Admin	14%	21
TOTAL	100%	150

Sample Questions

All test items are multiple-choice questions of equal weight with respect to scoring. Candidates are expected to select the one response that BEST answers the question (or completes the sentence). A large majority of the items are positively worded with one best response. The question is positively worded and four options (A, B, C, D) follow. You are to select the one best option as your answer. A few negatively worded questions may appear on the examination. The question is negatively worded such as “All of the following are true EXCEPT” and four options (A, B, C, D) follow. You are to select the one best EXCEPTION as your answer.

The sample multiple-choice questions that follow demonstrate the formats described above. The sample questions are neither intended to be difficult, nor do they necessarily reflect the degree of difficulty of the test. The correct answers are shown in the Answer Key.

The content category is also listed in the answer key so you can see how questions are linked to the test specifications by content category. For example, Content Category for sample item 1 is designated as 01-17-22. Look on the detailed content outline to relate this: first look under Domain 01: Clinical Management, then under Task 17: Identify short- and long-term complications unique to bariatric surgery patients (for example, obstructions, strictures, leaks, gastric prolapse) and take appropriate action, and finally under Knowledge Statement 22: Clinical presentation of complications in the bariatric surgery patient.

1. A patient 4 weeks status post laparoscopic gastric bypass complains of progressive nausea, vomiting, and dysphagia. These symptoms should alert the nurse to suspect a/an:
 - A. gastrogastic fistula.
 - B. anastomotic stricture.
 - C. internal hernia.
 - D. small bowel obstruction.

2. According to the International Bariatric Surgery Registry, the leading cause of death following bariatric surgery is:
 - A. suture line leakage.
 - B. intestinal obstruction.
 - C. hemorrhage.
 - D. pulmonary embolism.

3. Which of the following syndromes may occur in association with the postoperative development of thiamine deficiency in patients who have had the Roux-en-Y gastric bypass?
 - A. Pickwickian
 - B. Wernicke-Korsakoff
 - C. Dumping
 - D. Metabolic

4. Which clinical information is needed to calculate the body mass index (BMI)?
 - A. Height and waist circumference
 - B. Weight and waist circumference
 - C. Height and weight
 - D. Height, weight, and waist circumference

5. In preparing a speech for a community health fair, it is important for the nurse to emphasize that obesity has become the leading cause of::
 - A. divorce.
 - B. preventable death.
 - C. poverty.
 - D. mental illness.

ANSWER KEY				
ITEM	CORRECT ANSWER	DOMAIN	TASK	KNOWLEDGE
1	B	01	17	22
2	D	01	01	17
3	B	01	17	36

4	C	02	01	09
5	B	03	04	01

Reference List

This list is provided as a resource to identify appropriate material that may be useful in preparing for the CBN® Examination. This list is not intended to be inclusive of all potentially useful resources nor does it constitute an endorsement by the ASMBS or any officers or representatives of the ASMBS. To assist in locating the listed publications, the web addresses of the publishers are listed when available.

BOOKS

Bariatric Surgery

Author: Livingston, Edward H.; Martin, Ronald F.

Publication: Philadelphia : Saunders, 2005

Bariatric Surgery: A Guide for Mental Health Professionals

Author: Mitchell, James E.; De Zwaan, Martina.

Publication: New York : Routledge, 2005

Bariatric Surgery: A Primer for Your Medical Practice

Author: Farraye, Francis A.; Forse, R. Armour.

Publication: Thorofare, NJ : SLACK Inc., 2006

Caring for the Surgical Weight Loss Patient

Author: Andrews, Gaye.

Publication: Sierra Madre, CA : Wheat Field Publications, 2003

The Challenges of Caring for the Obese Patient

Author: Susan Gallagher,

Publisher: Matrix Medical Communications, 2005

Contemporary Diagnosis and Management of Obesity

Author: Bray, George A.

Publication: Newtown, Pa. : Handbooks in Health Care Co., 2003

Endocrinology & Metabolism Clinics of North America: Obesity

Editor: Pi-Sunyer, F. Xavier

Publisher: Philadelphia; Saunders, 2003

Laparoscopic Bariatric Surgery

Author: Inabnet, William B.; DeMaria, Eric J.,

Publication: Philadelphia : Lippincott Williams & Wilkins, 2005

Micronutrition for the Weight Loss Surgery Patient

Author: Jacques, Jacqueline

Publisher: Edgemont, PA: Matrix Medical, 2006

Minimally Invasive Bariatric Surgery

Editors: Schauer, Philip, Schirmer, Bruce & Brethauer, Stacy

Publisher: Springer, 2007

Morbid Obesity: Peri-operative Management

Author: Alvarez, Adrian O. Publication: Cambridge, UK ; New York, NY : Cambridge University Press, 2004

Obesity Surgery

Author: Martin, Louis F., Publication: New York : McGraw-Hill Medical Pub. Division, 2004

Office Management of Obesity

Author: Bray, George A.

Publication: Philadelphia : Saunders, 2004

Perioperative Nursing Clinics: Bariatric Surgery,

Editor: Crum, Brenda S. Gregory
Publisher: Philadelphia: Saunders, 2006

Surgical Clinics of North America: Bariatric Surgery
Author: Livingston, Edward H; Martin Robert F.
Published: Philadelphia; Saunders, 2005

Surgical Clinics of North America: Obesity Surgery
Author: Sugarman, Harvey J.
Publisher: Philadelphia; Saunders, 2001

Surgical Management of Obesity
Author: Buchwald, Henry; Cowan, George SM; Pories, Walter J.
Publisher: Philadelphia, Saunders, 2007

Update: Surgery for the Morbidly Obese Patient
Editor: Mervyn Deitel
Publisher: FD-Communications Inc, Toronto Canada, 2000

JOURNALS

Advance for Nurse Practitioners

Advances in Skin & Wound Care

Advances in Surgery

AORN Journal

Bariatric Nursing and Surgical Patient Care

Critical Care Nursing Clinics of North America

Critical Care Nursing Quarterly

Critical Care Medicine

Intensive Care Medicine

Journal of Advanced Nursing

Journal of the American Academy of Nurse Practitioners

Journal of the American College of Surgeons
Journal of PeriAnesthesia Nursing
Journal of Wound, Ostomy, & Continence Nursing
Mayo Clinic Proceedings, 2004 September
Nursing Clinics of North America
Obesity Surgery
Rehabilitation Nursing
Surgery of Obesity and Related Disease (SOARD)

SPECIAL EXAMINATION ACCOMMODATION FORM

If you have a disability covered by the Americans with Disabilities Act, please **complete this form and the Documentation of Disability-Related Needs on the reverse side** so your accommodations for testing can be processed efficiently. The information you provide along with any documentation regarding your disability, and your need for accommodation in testing will be treated with strict confidentiality.

Applicant Information

RN License #: _____

Last Name Initial	First Name	Middle
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Address (line 1)

Address (line 2)

City	State	Zip
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Special Accommodations

I request special accommodations for the (date of exam) _____
administration of the Certified Bariatric Nurse Examination.

Please provide me with the following
accommodation(s): _____

Return this form with all necessary documentation to: Professional Examination Service, ASMBS Management Office, 475 Riverside Drive, Suite #600, New York, NY 10115, p. 800.449.0633, f. 212.367.4343, ASMBS@proexam.org. If you have questions, call PES at 800.449.0633